

Name
in
Full

Annie Rebecca Bentzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

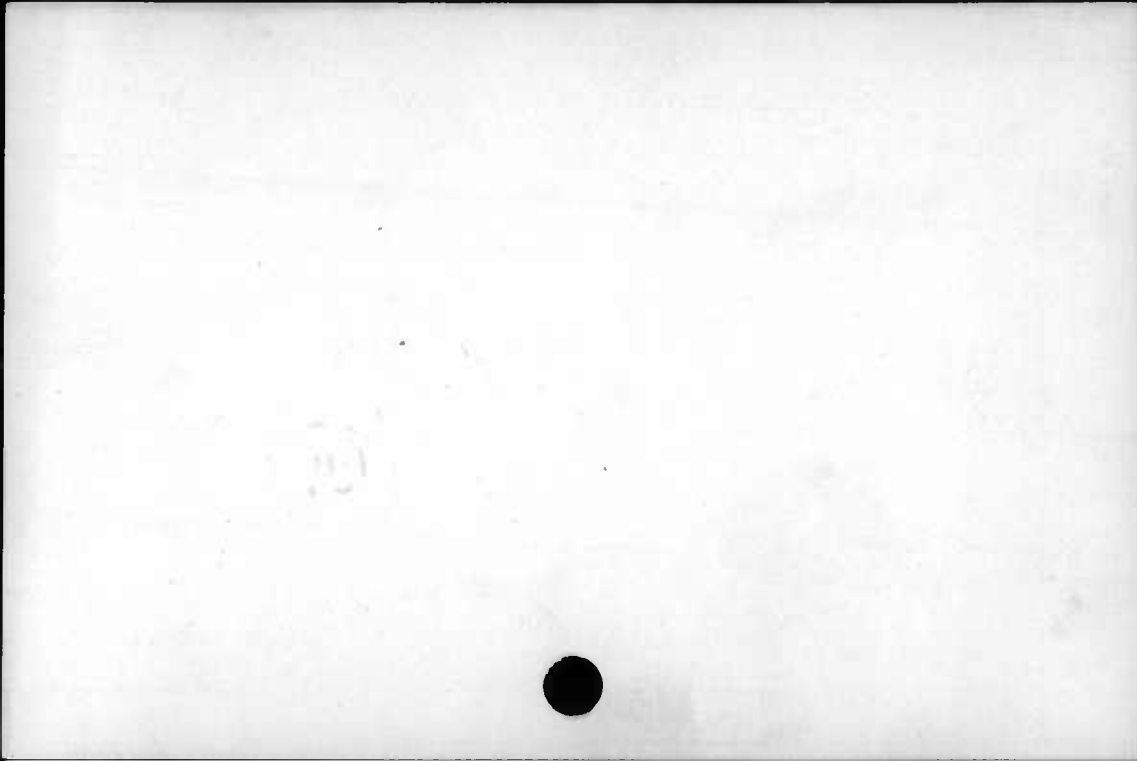
Died at <i>Sabillasville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>23</i>	Age <i>28</i> Years	Months <i>7</i> Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sabillasville Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Edward Bentzel</i>				
Father's Name <i>William H. Naylor</i>	Father's Birthplace <i>Littlestown Pa</i>				
Mother's Maiden Name <i>Edith A. Wagaman</i>	Mother's Birthplace <i>Frederick Co</i>				
Name of person giving information <i>Reuben Naylor</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Pernicious Anemia</i>	How long <i>4 Mos</i>
Immediate <i>Puerperal Sepsis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Wachter</i>
	Address <i>Sabillasville</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

Heleen Jennie - Bises

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shoshokron</u> ^{Town}		<u>Inderrick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>22</u>	Age <u>Y</u>	Months <u>8</u>	Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Shoshokron</u>		
Occupation <u>X</u>			Where Residing if not at place of death <u>X</u>		
Married Single or Widowed			Name of Wife or Husband <u>X</u>		
Father's Name <u>Thaddeus M Biser</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Miep Thomas</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>F.B. Smith</u>			How related to deceased <u>Not at all</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Imperfect Development</u> ^(Anencephalous)	How long <u>Since Birth</u>
Immediate	<u>Whooping Cough - Convulsions</u>	How long <u>2 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Franklin Buchanan Smith</u>
		Address <u>Inderrick City</u>
Accident or Suicide? <u>(over)</u>		<u>Ind.</u>

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Name
in
Full

Catherine Julian Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

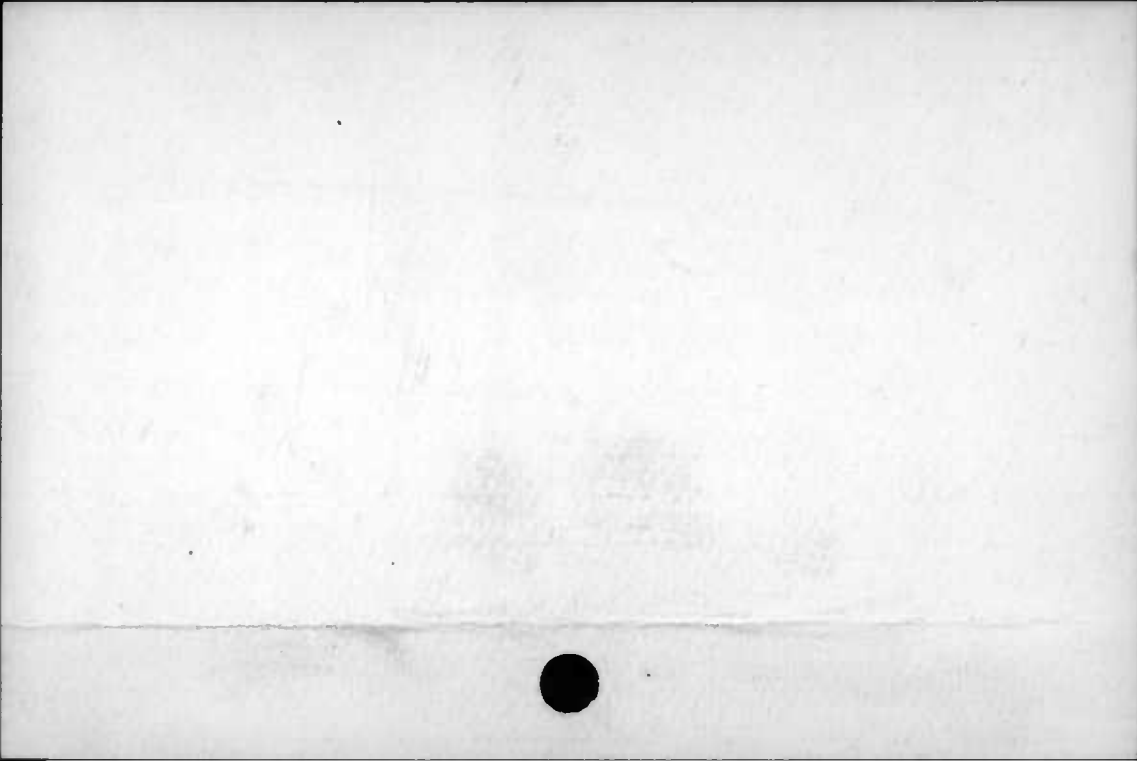
Died at <i>Highland</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1908	Month	May	Day	24
Age	79	Years		Months	8
				Days	16
Sex	Female	Color or Race	White	Birth-place	Highland
Occupation	Housekeeping	Where Residing if not at place of death <i>Highland</i>			
Married, Single or Widowed	Widowed	Name of Wife or Husband <i>Johnathan Boyer</i>			
Father's Name	<i>George Blessing</i>		Father's Birthplace	<i>Petersville</i>	
Mother's Maiden Name	<i>Susan Easterday</i>		Mother's Birthplace	<i>Petersville</i>	
Name of person giving information	<i>Catherine Boyer</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

46

PHYSICIAN
OR CORONER

Primary	<i>Intra abdominal tumor probably Carcinoma</i>	How long	<i>Unknown</i>
Immediate	<i>Gradual obstruction (Exhaustion)</i>	How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>B. N. Hoke M.D.</i>
		Address	<i>Myersville Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Erthilda Ritter Bradley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Fredericks* ^{County} *Fredericks* **MARYLAND**

Date of death *1908* Month *5* Day *20* Age *46* Months *11* Days *15*

Sex *Female* Color or Race *White* Birth-place *Frederick*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *Wm. H. Bradley*

Father's Name *J. A. Ritter* Father's Birthplace *F. Co. Md*

Mother's Maiden Name *Catherine C. Martin* Mother's Birthplace *Va*

Name of person giving information *Mrs. Rose Jones* How related to deceased *Sister*

CAUSES OF DEATH

27


PHYSICIAN
OR CORONER

Primary *Tuberculosis Pulmonary* How long *22 yr*

Immediate *Asthma* How long *years*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. Cuddy*

Address 

Accident or Suicide? *_____*

Interment at Mt Olivet.

" May 22. - 1908

Thomas P. Rice F. & O.

Dr. McCurdy

Name
in
Full

Mary Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> Town,		<i>Fredericks</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>6</i>	Age <i>40</i>	Years <i>1</i>	Months <i>27</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fredericks</i>		
Occupation <i>Maid</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John W. Brown</i>	Father's Birthplace <i>South. U. S.</i>		Mother's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Cora Epperson</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Mrs. Brown</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights</i>	How long <i>1 Year</i>
Immediate <i>Heart disease - Dropsy</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. F. Gooden, M.D.</i>
	Address <i>Fredericks, Md.</i>
Accident or Suicide? <i>---</i>	

Interment at Greenmount

" May 7 - 08

Thomas P. Rice F.D.

Dr Goodell

Name
in
Full

Jorgina Gertrude Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> ^{Town}		<u>Madison</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>5</u>	Age <u>2</u>	Years <u>6</u>	Months <u>6</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Va</u>		Days
Occupation <u>—</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Raymond G. Brown</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Lillian Gill</u>			Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Raymond G. Brown</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <u>Cancer of eye & face</u>	How long <u>1 yr</u>
Immediate <u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. G. Herin</u>
	Address <u>Brunswick</u>
	<u>Frederick</u>
Accident or Suicide?	



Name
in
Full

Eveline Cashour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

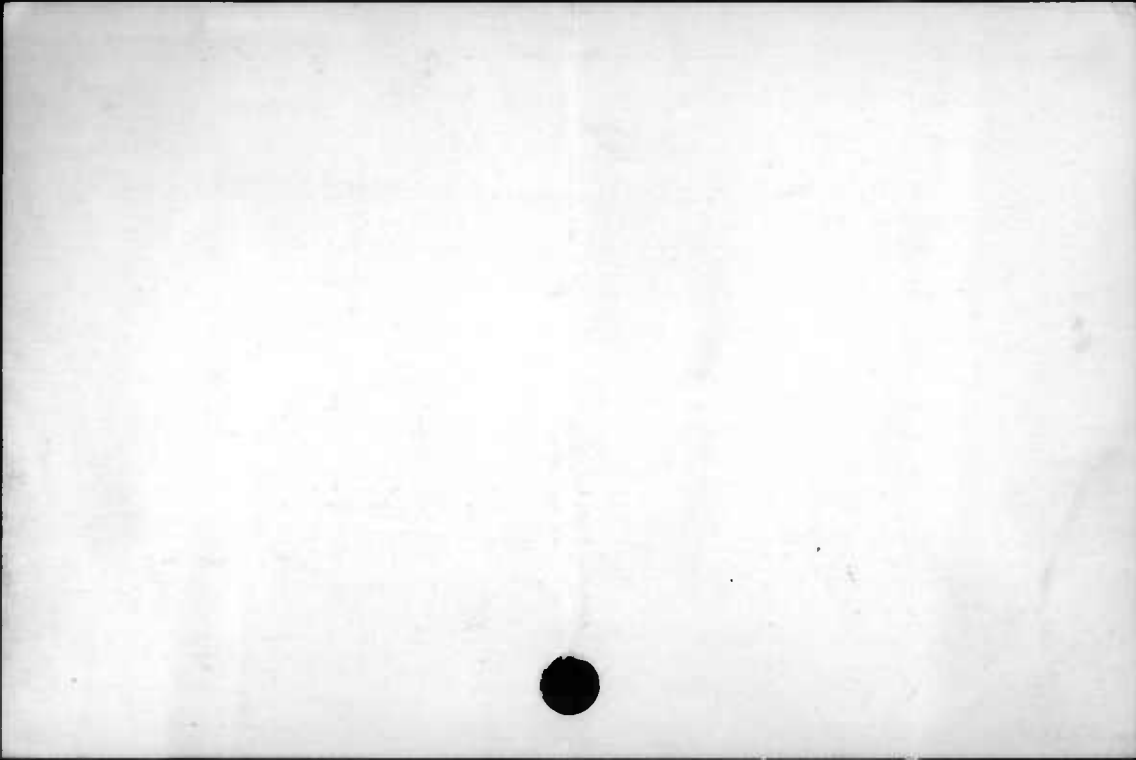
Died at <i>near Nat. City</i>		Town <i>Fredrick</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>23</i>	Age <i>75</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White American</i>		Birth-place <i>Howard Co Md</i>				
Occupation <i>Retired</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Basil Cashour</i>					
Father's Name <i>Thomas Dempsey</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Catherine Snyder</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Lillian Cashour</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(81)

PHYSICIAN
OR CORONER

Primary	<i>Arterio-Sclerosis</i>	How long	<i>2 yrs</i>
Immediate	<i>Dyspnoea - serous effusions</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. E. Gaver</i>	
		Address <i>Nat City Md</i>	
Accident or Suicide?			



Name in Full		Mary J. Clappen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND		
		Date of death <i>1908</i>		Month <i>3</i>	Day <i>24</i>	Years <i>63</i>	Months <i>2</i>	Days <i>10</i>
		Sex <i>Female</i>		Color of Race <i>Black</i>		Birth-place <i>Frederick</i>		
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>				
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Hiram Clappen</i>				
		Father's Name <i>John Robinson</i>		Father's Birthplace <i>Unknown</i>				
		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>				
		Name of person giving information <i>Hiram Plater</i>		How related to deceased <i>Son</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Chronic Interstitial Nephritis</i>				How long <i>Several years</i>		
		Immediate <i>Apoplexy</i>				How long <i>Immediate</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W. G. Bourne M.D.</i>		
						Address <i>Frederick, Maryland</i>		
		Accident or Suicide? <i>no</i>						

Interment at Greenmount

" May 26 - 08

Thomas P. Rice F.D.

Dr Bousne

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

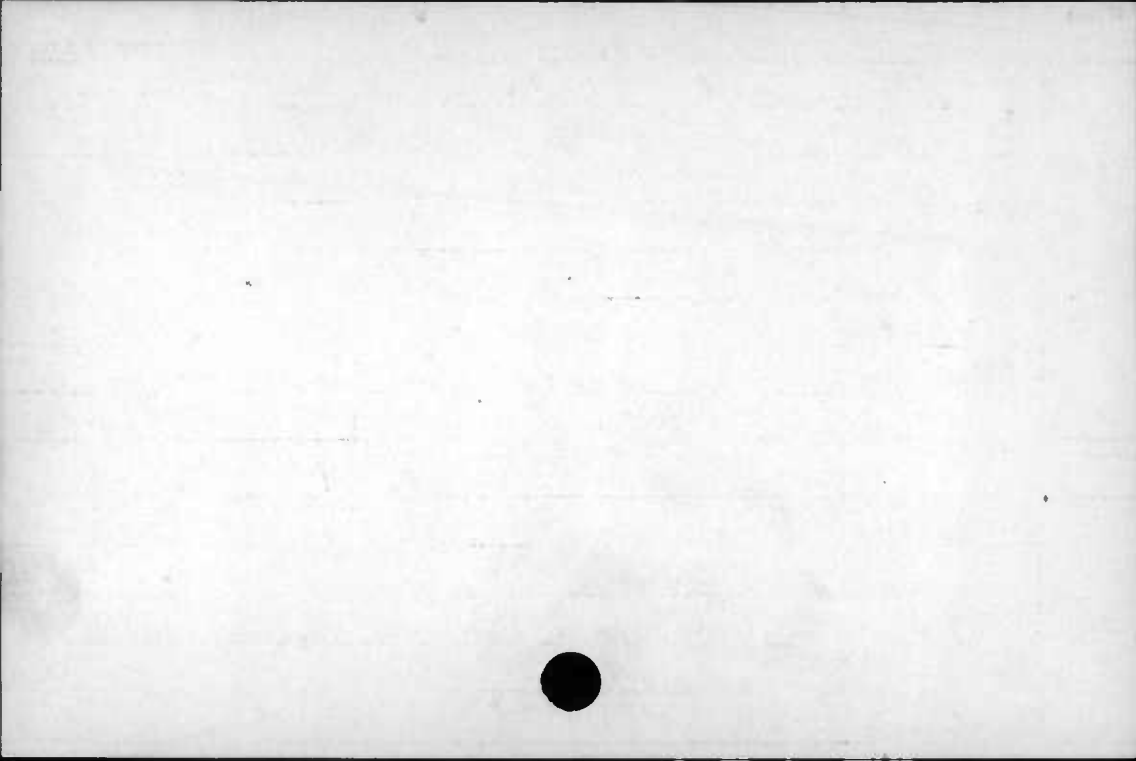
Name in Full <i>Stanley Lewis Clipp</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Brunswick</i>		Date of death <i>1908 May 9</i>		Age <i>10</i> Years <i>23</i> Months <i>23</i> Days		Birth-place <i>New Brunswick</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Occupation <i>none</i>			
Married, Single or Widowed <i>single</i>		Where Residing if not at place of death					
Father's Name <i>William Clipp</i>		Name of Wife or Husband		Father's Birthplace <i>West Va</i>		Mother's Birthplace <i>West Va</i>	
Mother's Maiden Name <i>Frances Grey</i>		Name of person giving information <i>Wm Clipp</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr H I Hedges</i>
	Address <i>Brunswick Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Couell</i>		No. <i>7</i>		TOWN <i>Pearl</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Pearl</i>		Date of death <i>1908</i>		Month <i>5</i>		Day <i>10</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co Md</i>		Months <i>0</i>		Days <i>25</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary A. Barnes</i>		Father's Name <i>Joshua Couell</i>	
Mother's Maiden Name <i>Lydia A. Thompson</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>"</i>		Name of person giving information <i>Mrs. M. C. Snyder</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

66

How long

How long

5 days

Primary

Immediate

Hemiplegia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

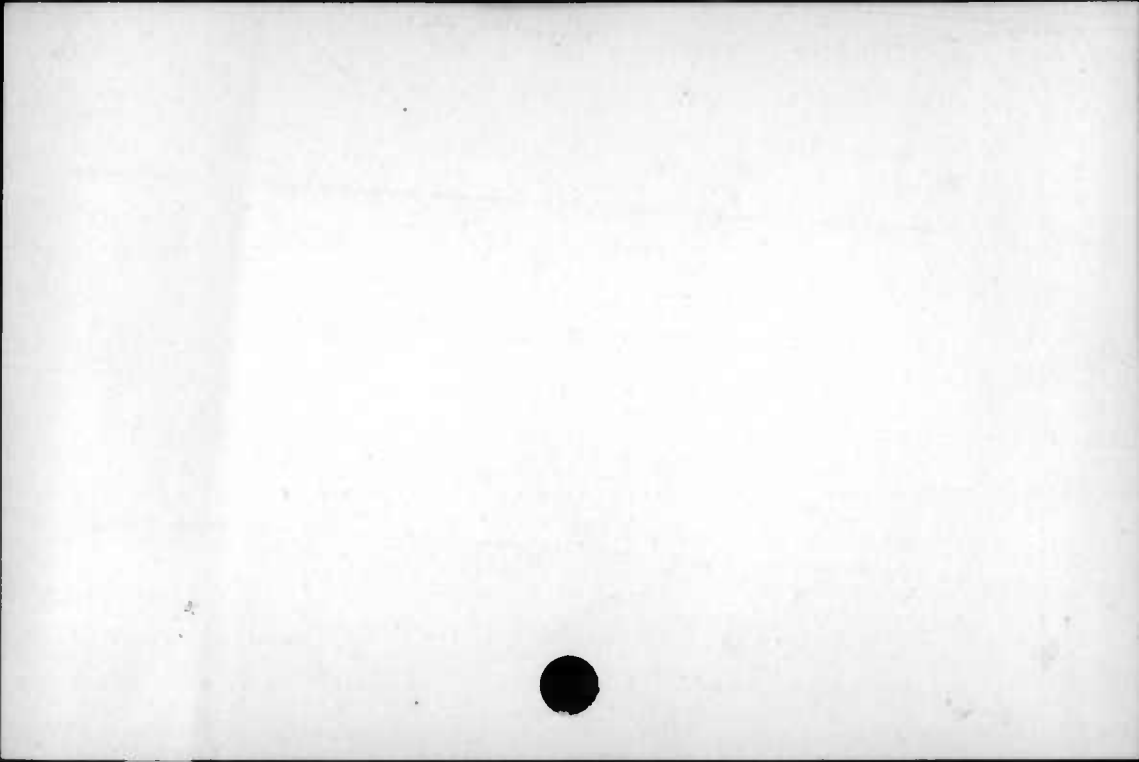
H. H. Hopkins M. D.

Address

New Market

Accident or Suicide?

*no**Fredk. Co., Maryland*PHYSICIAN
OR CORONER



Name
in
Full

Oreil David Creabill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> ^{Town}		<u>Fredrick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>9</u>	Age <u>-</u>	Months <u>6</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles L. Creabill</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Lottie E. Ray</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Chas. L. Creabill</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

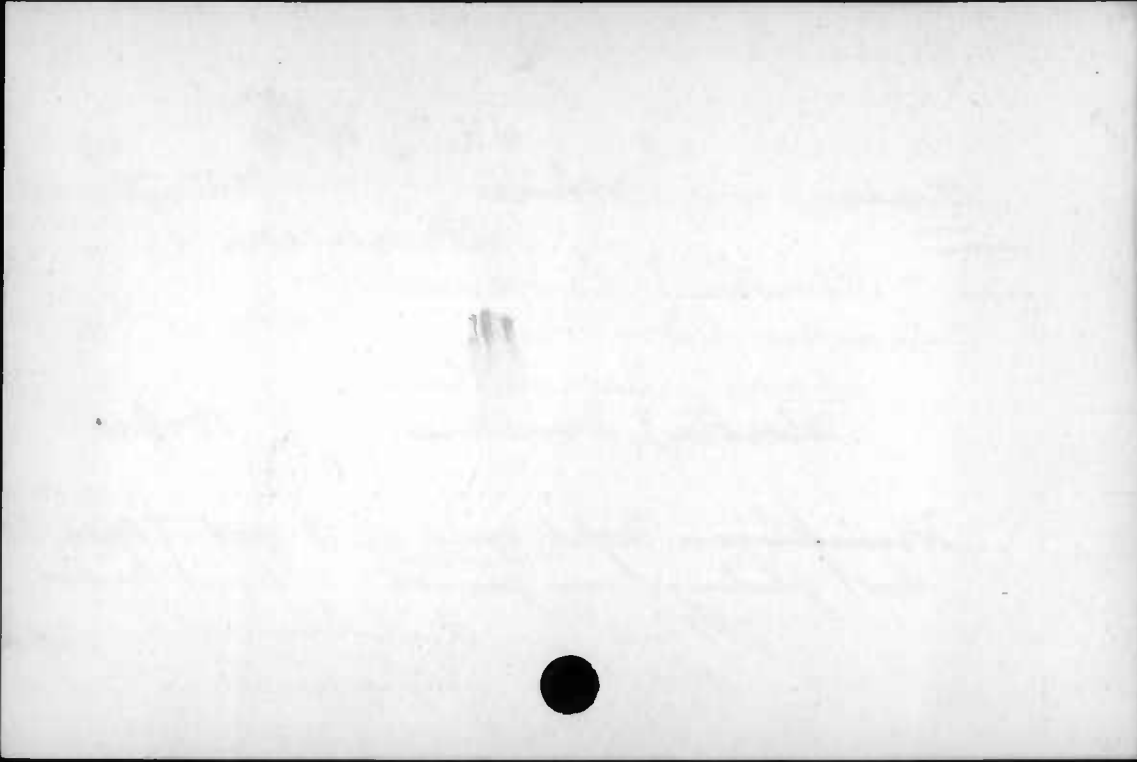
93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>46-5 days</u>
Immediate <u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Levin West</u>
	Address <u>Brunswick</u>
	<u>Fredrick Co.</u>
Accident or Suicide? <u>—</u>	



Name in Full		George W. Dean				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fredericks		County Fredericks		MARYLAND	
	Date of death	1908	Month 5	Day 14	Age 72	Months 3	Days 14
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer (Retired)		Where Residing if not at place of death		Same	
	Married, Single or Widowed	Married		Name of Wife or Husband		Laura V. Gouso	
	Father's Name	John A. Dean		Father's Birthplace		Fr. Co. Md	
	Mother's Maiden Name	Margaret Barrick		Mother's Birthplace		" " "	
Name of person giving information	Mrs. Dean		How related to deceased		Wife		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">64</div>							
PHYSICIAN OR CORONER	Primary	Chronic Endocarditis				How long	2 Yrs
	Immediate	Apoplexy				How long	10 Min
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				J. M. Conely		
				Address			Fredericks
Suicide or Sudden?							



Name
in
Full

Adam A. Drilbiss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>May</i>	Day <i>28</i>	Age <i>82</i>	Months <i>9</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married <i>—</i>		Occupation <i>Farmer</i>			
Name of Wife <i>— Alberta J. Lookingbill</i>					
Father's Name <i>Casper Drilbiss</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Ann Barnette</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Alberta J. Drilbiss</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia Right Side</i>	How long <i>3 yrs 7 mos.</i>
Immediate <i>Heart failing from general debility</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>So & know</i>	Signature of Physician <i>F. H. Sidwell</i>
	Address <i>Johnsville, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

John W. Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

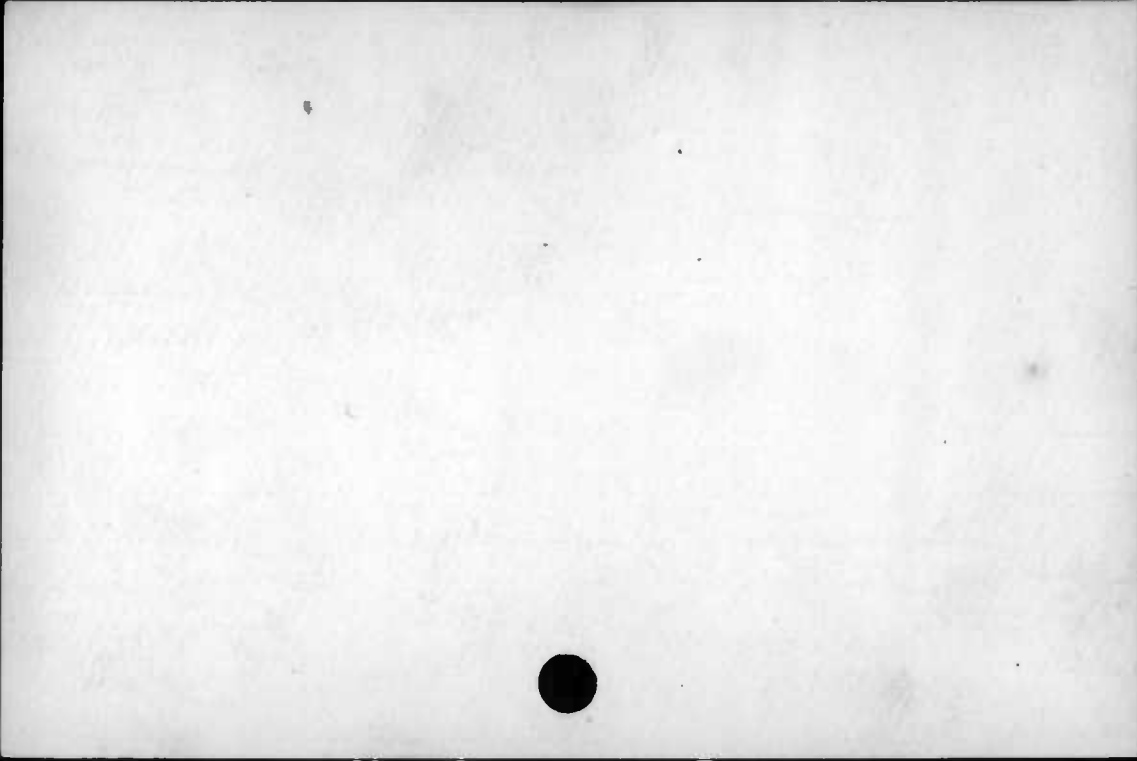
Died at <i>Park mills</i>		Town <i>Park mills</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>30</i>	Age <i>84</i>	Years <i>84</i>	Months <i>6</i>	Days <i>20</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Park mills</i>				
Occupation <i>farmer</i>			Where Residing if not at place of death <i>Park mills</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Leona Dixon</i>					
Father's Name <i>James Dixon</i>				Father's Birthplace <i>near Frederick</i>			
Mother's Maiden Name <i>Ruth Sheets</i>				Mother's Birthplace <i>Park mills</i>			
Name of person giving information <i>Mrs Dixon</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>1 year</i>
Immediate <i>Bronchitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. C. Perry M.D.</i>
	Address <i>Araby Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James Fauble* County *Fred.*
Died at *Burkittsville*
Date of death *1908* Month *May* Day *9* Age *71* Years Months *10* Days *18*
Sex *Male* Color or Race *White* Birth-place *Fred. Co.*
Occupation *Paper Agent* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Ann Helen Fauble*
Father's Name *Henry Fauble* Father's Birthplace *Unknown*
Mother's Maiden Name *Harriet Wagoner* Mother's Birthplace *Unknown*
Name of person giving information *Ann Fauble* How related to deceased *Wife*

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary *Cystitis* ✓ How long *7 days*
Immediate *Exhaustion* How long *Immediate*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. J. Hunter*
Address *Burkittsville Md*
Accident or Suicide?



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>22</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fredericks</i>				
Occupation <i>_____</i>	Where Residing if not at place of death <i>Same</i>						

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Albert E. Krimeyrock

Father's Birthplace *Fr. Co. Mo*

Mother's
Maiden Name *Emily Fred*

Mother's Birthplace *Frederick*

Name of person giving information *Mr Finneybrock*

How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Inah*
Immediate *invaluable*

How long	76 g
How long	12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. K. Kohn

Address *Frederick*

Accident or Suicide? T

Interment at Mt. Olivet,

" May 23 - 08

Thomas P. Rice F.D.

Dr Hedges,

Name
in
Full

George Flickinger.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

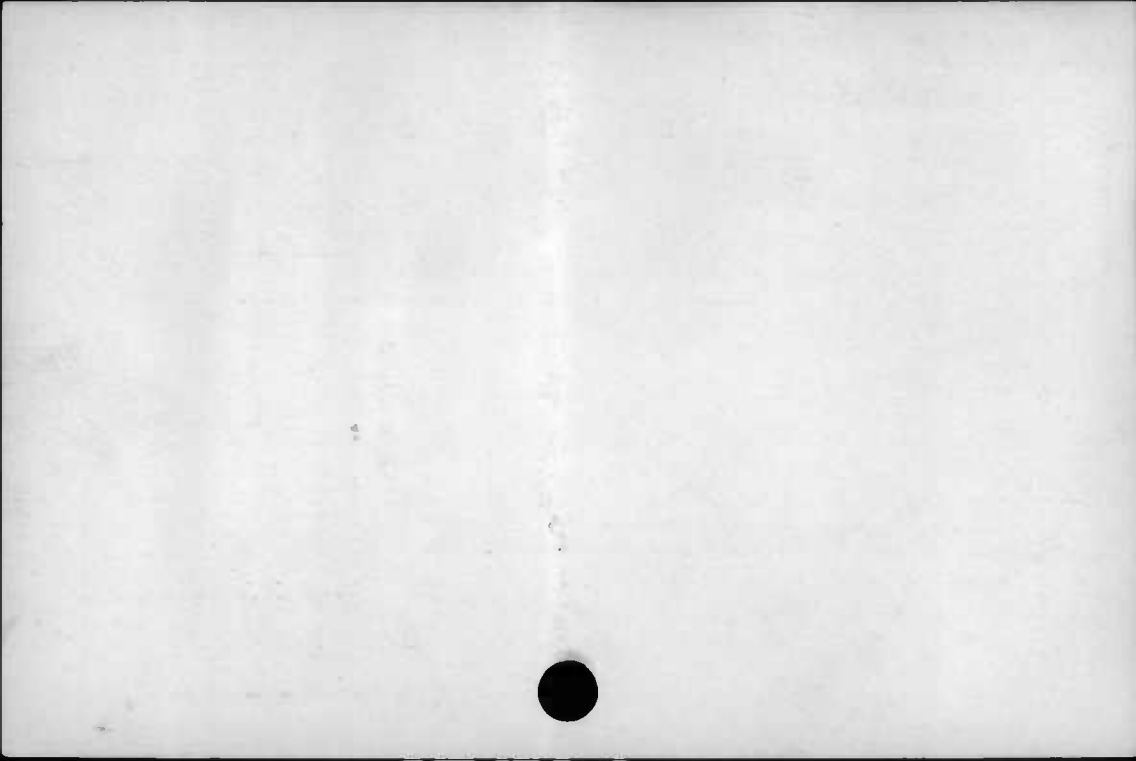
Died <i>near Ladiesburg.</i>		Town <i>Ladiesburg.</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>May</i>	Day <i>2</i>	Age <i>84</i>	Years	Months	Days <i>11</i>	
Sex <i>Male.</i>		Color or Race <i>White</i>		Birth-place <i>York Co. Pa.</i>			
Married, Single Widower <i>Widower</i>		Occupation <i>Retired farmer.</i>					
Name of Wife or Husband <i>First info unknown</i> <i>Second info Harriet Tyler</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Jacob H. Flickinger</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary <i>Dropsy.</i>	How long <i>4 months</i>
Immediate <i>Corna.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John L. Liggett, M. D.</i>
	Address <i>Ladiesburg.</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocky Springs</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>15</i>	Age <i>—</i>	Months <i>11</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rocky Spgs</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>as stated</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Char H Hansel</i>			Father's Birthplace <i>Fredrick Co</i>		
Mother's Maiden Name <i>Gene Hoover</i>			Mother's Birthplace <i>Fredrick Co</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>asthenia</i>	How long <i>1800</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W P Fabney M.D.</i>
	Address <i>Fredrick M.D.</i>
Accident or Suicide? <i>—</i>	<i>over</i>

Interment at Jacobs Cemetery

" May 17—08

Thomas T. Rice F. O.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

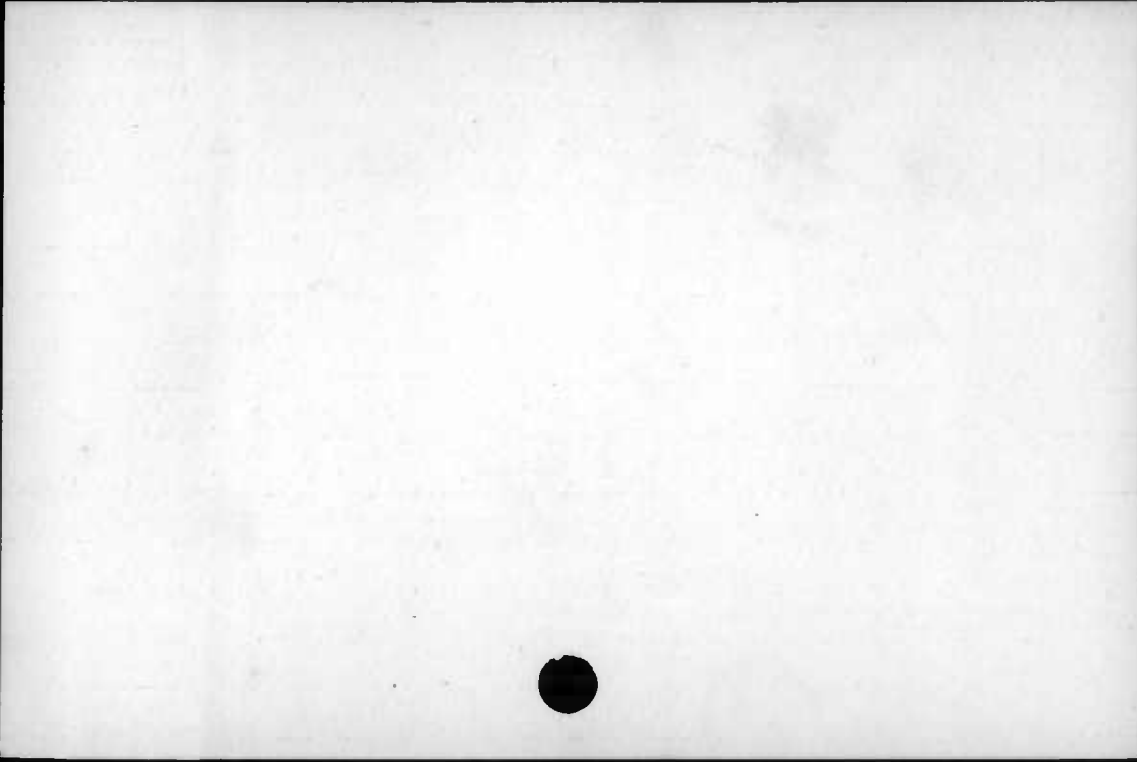
Died at		Town <i>Walkersville</i>		County <i>Fredk</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		5	8	33			
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>md</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death		<i>X</i>	
Married, Single or Widowed	Name of Wife or Husband			<i>Netta Fogle</i>			
Father's Name	<i>Johnson Fogle</i>					Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Kate Fogle</i>					Mother's Birthplace	<i>md</i>
Name of person giving Information	<i>+</i>					How related to deceased	<i>+</i>

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Drowned</i>	How long	<i>Sudden</i>
Immediate	<i>^</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>^</i>		Address	
		<i>Dr. J. D. Nicodemus</i>	
Accident or Swindle ?		<i>Walkersville md</i>	



Name
in
Full

Russell Maine Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

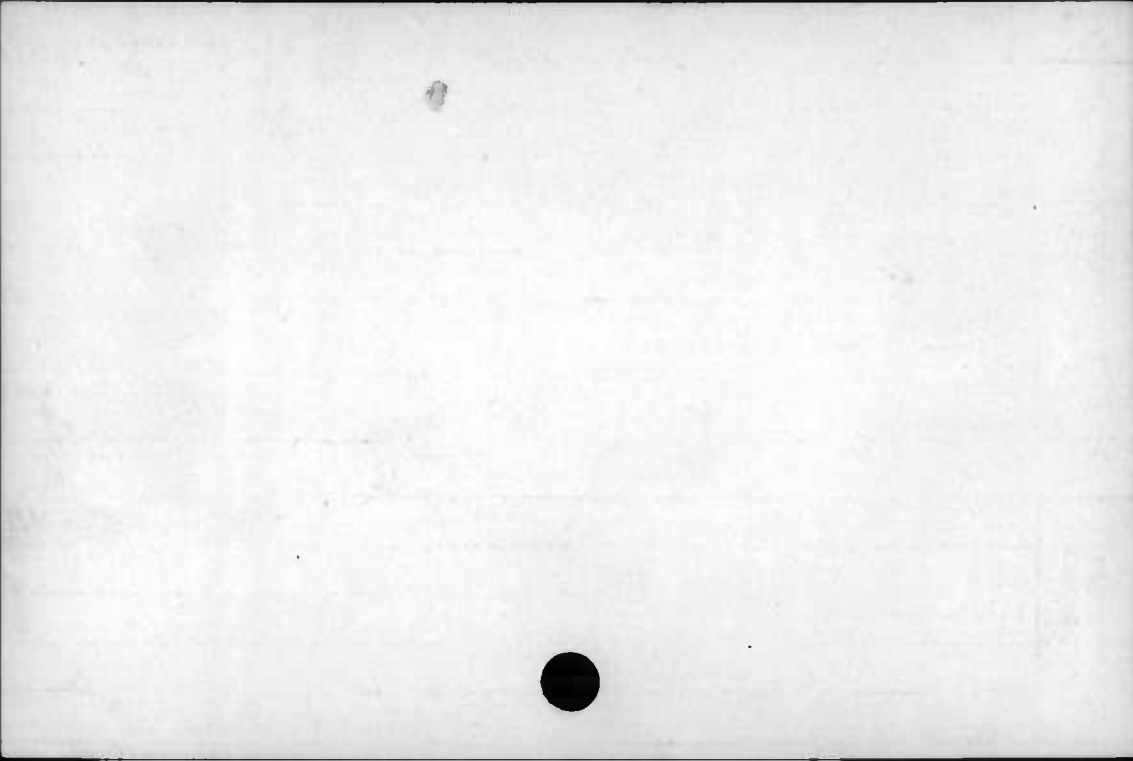
Died at <u>Brunswick</u> Town		<u>Brunswick</u> County		MARYLAND	
Date of death	1908	Month	May	Day	9
Age	1	Years		Months	3
Sex	male	Color or Race	white	Birth-place	Virginia
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Henry J. Fox		Father's Birthplace		
Mother's Maiden Name	Anna L. Wine		Mother's Birthplace		
Name of person giving information	Henry J. Fox		How related to deceased		
			Father		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Marasmus - Sequelae of Whooping Cough	How long	This was a case of complete debility
Immediate	Total Exhaustion	How long	Last called 2 days before death
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. W. R. Connor	
		Address	
		Brunswick Ind.	
Accident or Suicide?			



Name
in
Full

Angelina Garber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Unionville

County Frederick

Date of death 1908 May

Month

Day 8

Age 64

Years

Months

Days

Sex Female

Color or Race White

Birth-place Unknown

Occupation House Wife

Where Residing if not at place of death

Unionville

Married, Single or Widowed Married

Name of Wife or Husband

Luther Garber

Father's Name Francis Wagner

Father's Birthplace Md

Mother's Maiden Name Mary King

Mother's Birthplace Md

Name of person giving information Lawrence Smith

How related to deceased No

CAUSES OF DEATH

112

Primary Sclerosis of Liver

How long Two years

Immediate Heart failure

How long Week

Are the name, age, sex, color, date and place correctly given above? Yes

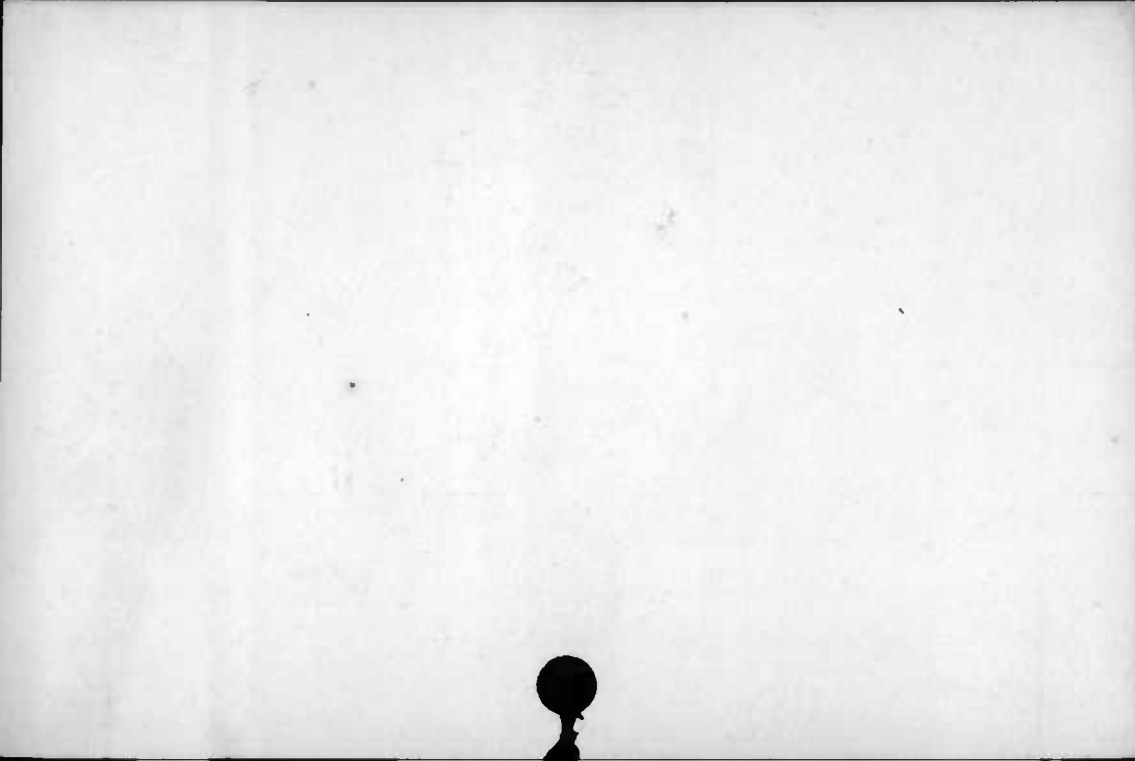
Signature of Physician Lippington & Pearse

Address Unionville

Frederick, Co. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Gaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monterrie Hosp</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1908	Month	May	Day	30
Age	78	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Fredk Co
Occupation	Unknown	Where Residing if not at place of death <i>Monterrie Hosp</i>			
Married, Single or Widowed	Single	Name of Wife or Husband <i>Unknown</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>[Signature]</i>			How related to deceased	<i>Hosp</i>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Acute Septicemia</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. S. Lyson.</i>
		Address	<i>Fredricks Md.</i>
Accident or Suicide?			

(1)

Name
in
Full

Matilda Gladhill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

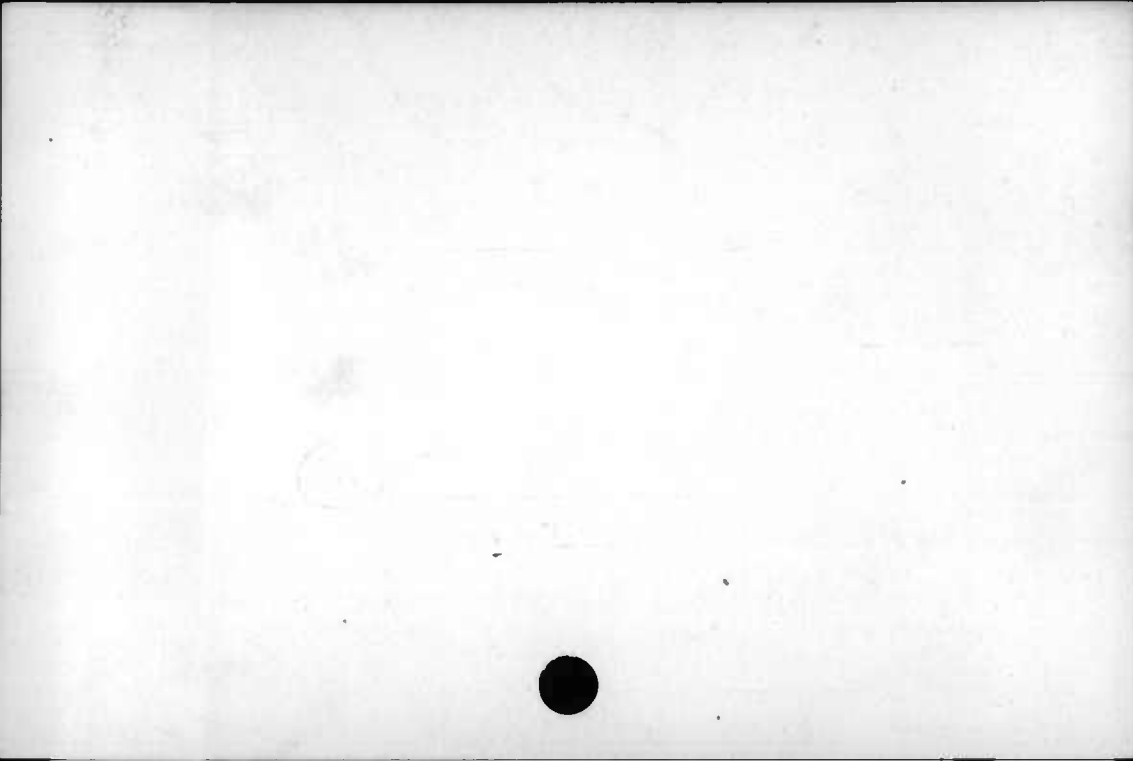
Died at <i>Sabillasville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>10</i>	Age <i>82</i>	Months <i>7</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Gladhill</i>				
Father's Name <i>Samuel Moore</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Susan Perry</i>	Mother's Birthplace <i>Not Known</i>				
Name of person giving information <i>Herry Fitz</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Dysgriffe & Pneumonia</i>	How long <i>1 Mo</i>
Immediate <i>Debility & Infirmities of Age</i>	How long <i>4 Mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. L. Wachter M.D.</i>
	Address <i>Sabillasville Md.</i>
Accident or Suicide?	



Name
in
Full

Franklin C. Gosnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

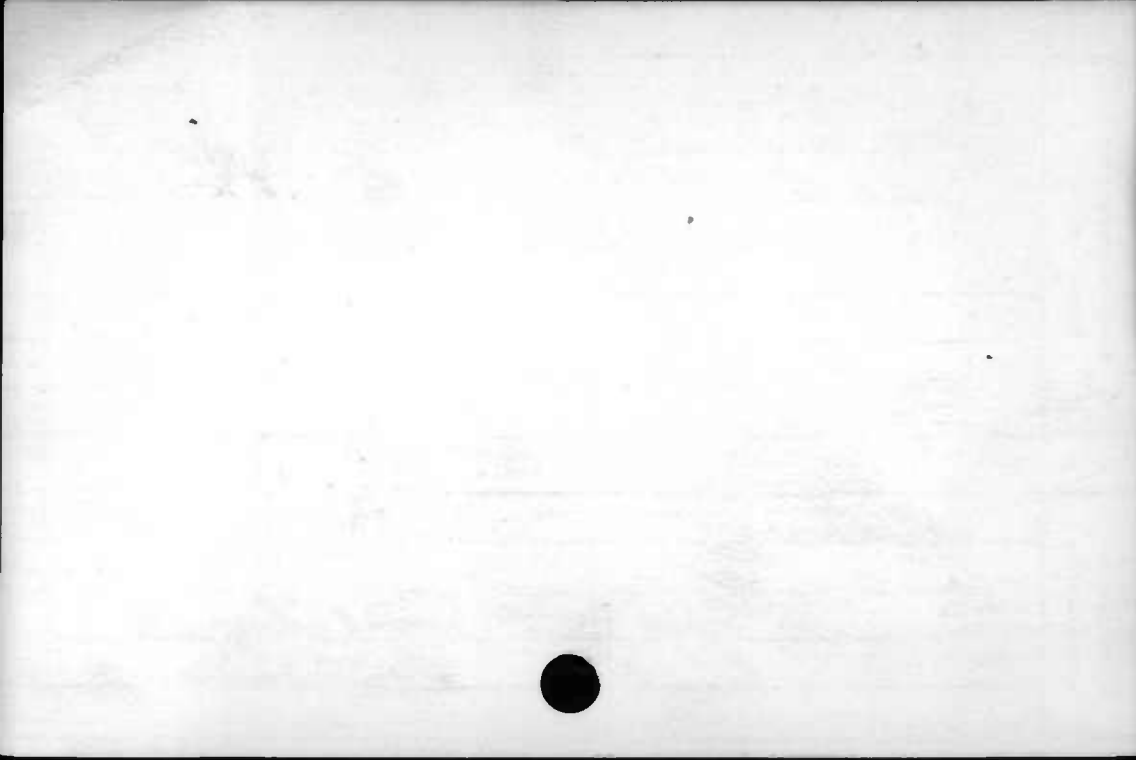
Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>9</i>
Age	<i>X</i>	Years	<i>X</i>	Months	<i>4</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Frederick</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Wm S. Gosnell</i>			Father's Birthplace	<i>Frederick Co.</i>
Mother's Maiden Name	<i>Margaret Michael</i>			Mother's Birthplace	<i>Doubt, Md.</i>
Name of person giving information	<i>Father</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>From birth.</i>
Immediate	<i>Inanition</i>	How long	<i>From birth</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. B. Johnson.</i>
		Address	<i>Frederick, Md.</i>
Accident or Suicide?			



Name
in
Full

Mabel Grant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

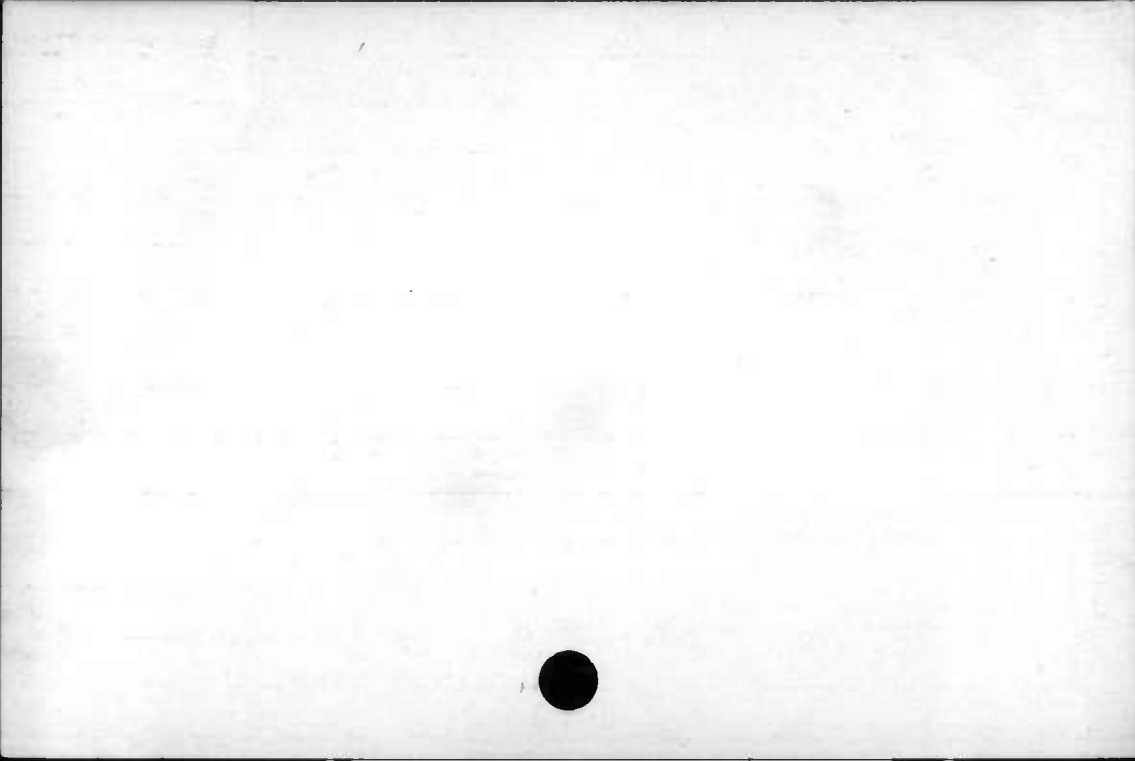
Died at <i>Knoxville</i>		Town <i>Knoxville</i>		County <i>Fredonia</i>		MARYLAND	
Date of death <i>1908 May 15</i>		Month <i>May</i>		Day <i>15</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Knoxville</i>		Months <i>3</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Hattie Grant</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Hattie Grant</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel Clayton</i>
	Address <i>Petersville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

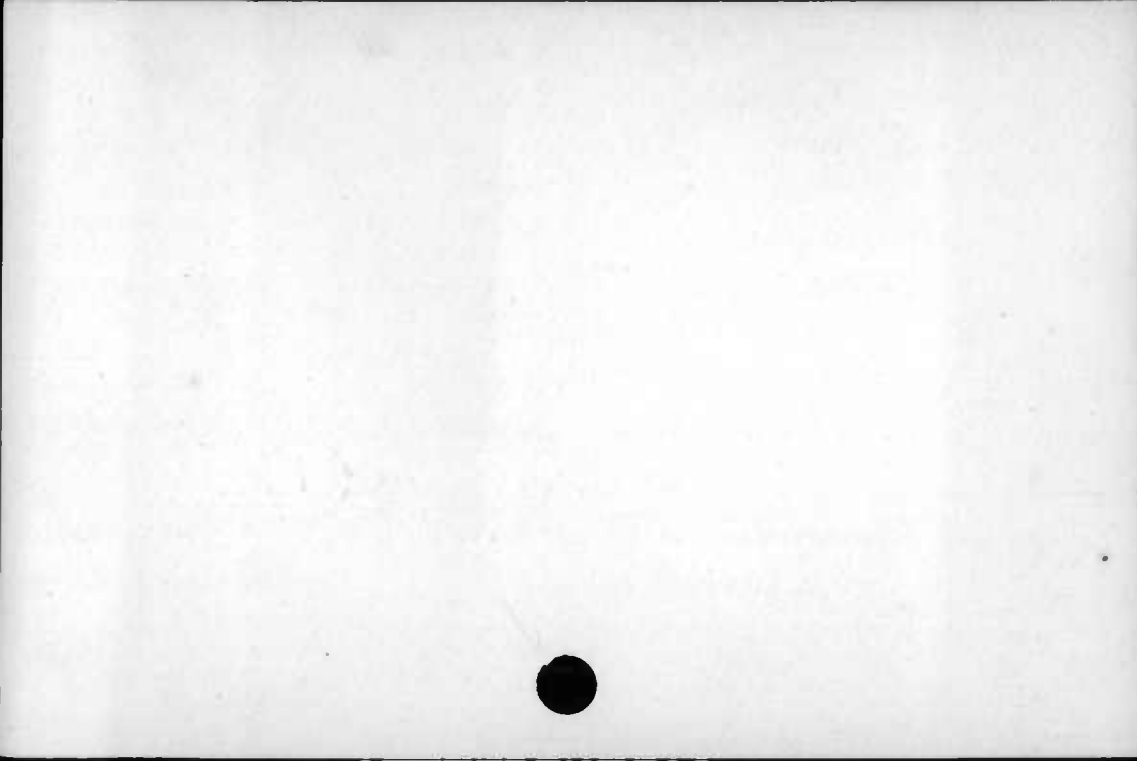
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKays</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>1</i>	Age <i>80</i>	Years <i>9</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Montgomery Co.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rachel S. Harris</i>				
Father's Name <i>Jace Griffith</i>	Father's Birthplace <i>Montgomery Co.</i>				
Mother's Maiden Name <i>Ruth McElfresh</i>	Mother's Birthplace <i>Frederick</i>				
Name of person giving information <i>Rachel S. Griffith</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>179</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Leib</i>
	Address <i>Mt. Pleasant Frederick Co.</i>
Accident or Suicide?	



Name
in
Full

Glenretta Moss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

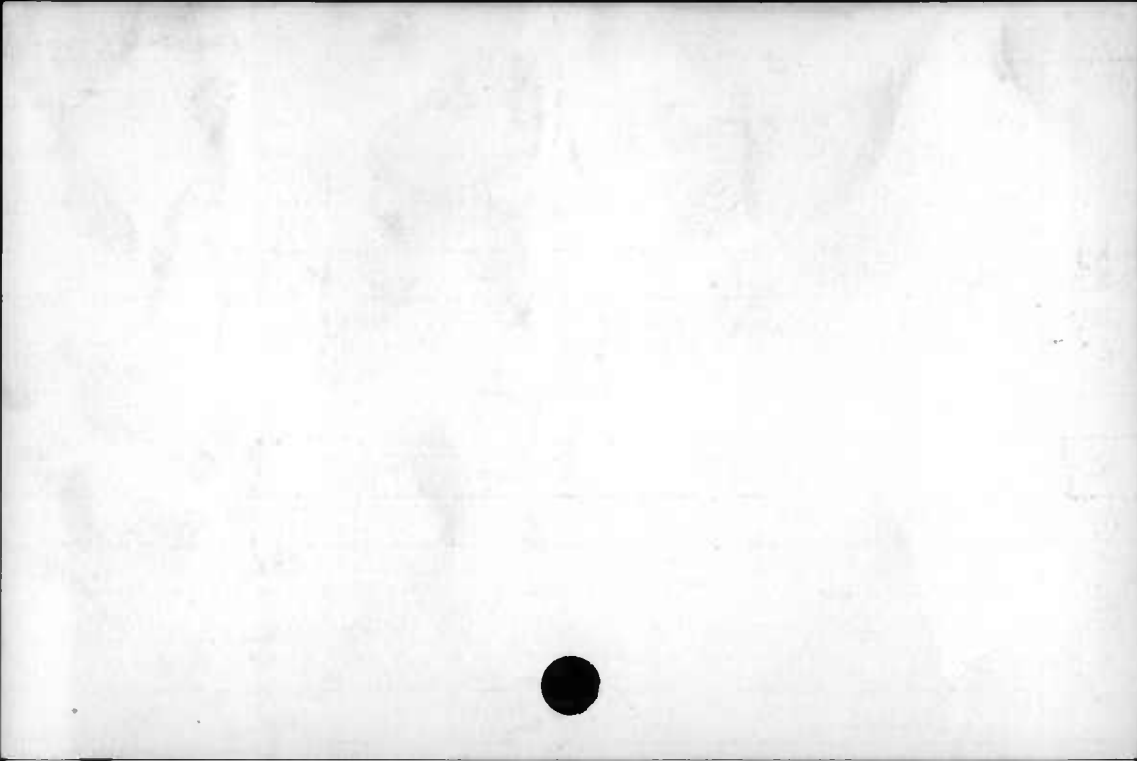
Died at <u>Burkettsville</u> ^{Town}		<u>Fred</u> ^{County}			
Date of death	<u>1908</u> ^{Month}	<u>May</u> ^{Day}	<u>30</u> ^{Years}	<u>38</u> ^{Months}	<u>June</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>md</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u></u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Clarence Moss</u>		
Father's Name	<u>Frank White</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Rechel Howard</u>			Mother's Birthplace	<u>unknown</u>
Name of person giving information	<u>Clarence Moss</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	<u>Peritonitis</u>	How long	<u>2 days</u>
Immediate	<u>Asphyxiation</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>George J. Foster</u>
		Address	<u>Burkettsville</u>
Accident or Suicide?	<u>md</u>		



Name
in
Full

Florence Grummell

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Inband

Frederick

Date

Month

Day

Years

Months

Days

of death

1908

May

24

Age

34

2

0

Sex

female

Color or
Race

White

Birth-
place

Buckeystown Md.

Occupation

domestic

Where Residing if not
at place of death

Inband

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Nicholas B. Grummell

Father's
Birthplace

England

Mother's
Maiden Name

Alberta Howe

Mother's
Birthplace

Buckeystown

Name of person giving
In formation

Nicholas Grummell

How related
to deceased

Farther

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

2 years

Immediate

Heart failure

How long

One hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

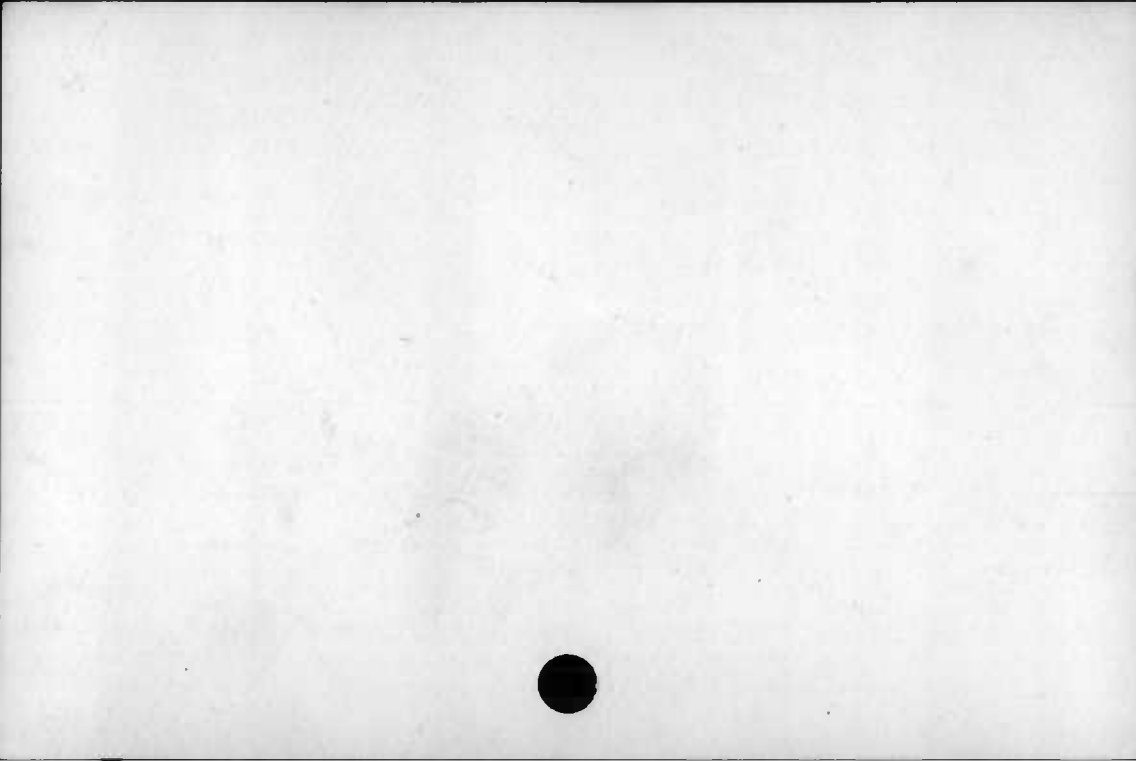
Beryl Perry

Address

Araby
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Julia Haller

Died *Montgomery* Town
Near Frederick

County

Frederick

MARYLAND

Date
of death *1908*

Month
5

Day
30

Age
73

Months

Days

Sex *Female*

Color or
Race *White*

Birth-
place *Md*

Occupation
House Wife

Where Residing if not
at place of death *Frederick*

Married, Single
or Widowed *Widow*

Name of Wife or
Husband *Joseph Haller*

Father's
Name *Huebner*

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation *Samuel Filby*

How related
to deceased *Friend*

CAUSES OF DEATH

79

Primary
Chronic Myocarditis

How long
2 years

Immediate
Cardiac Exhaustion

How long
1 week

Are the name, age, sex, color, date
and place correctly given above? *yes*

Signature of
Physician *R. L. Lyman,*

Address
*Frederick,
Md.*

Accident or Suicide? *_____*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Internment. at Mt Olivet

" June 1 - 08

Thomas P. Rice F. O.

Dr Tyson

Dr Goodell

Dr Mc Gurdy

Name
in
Full

Lawson P. Harshman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

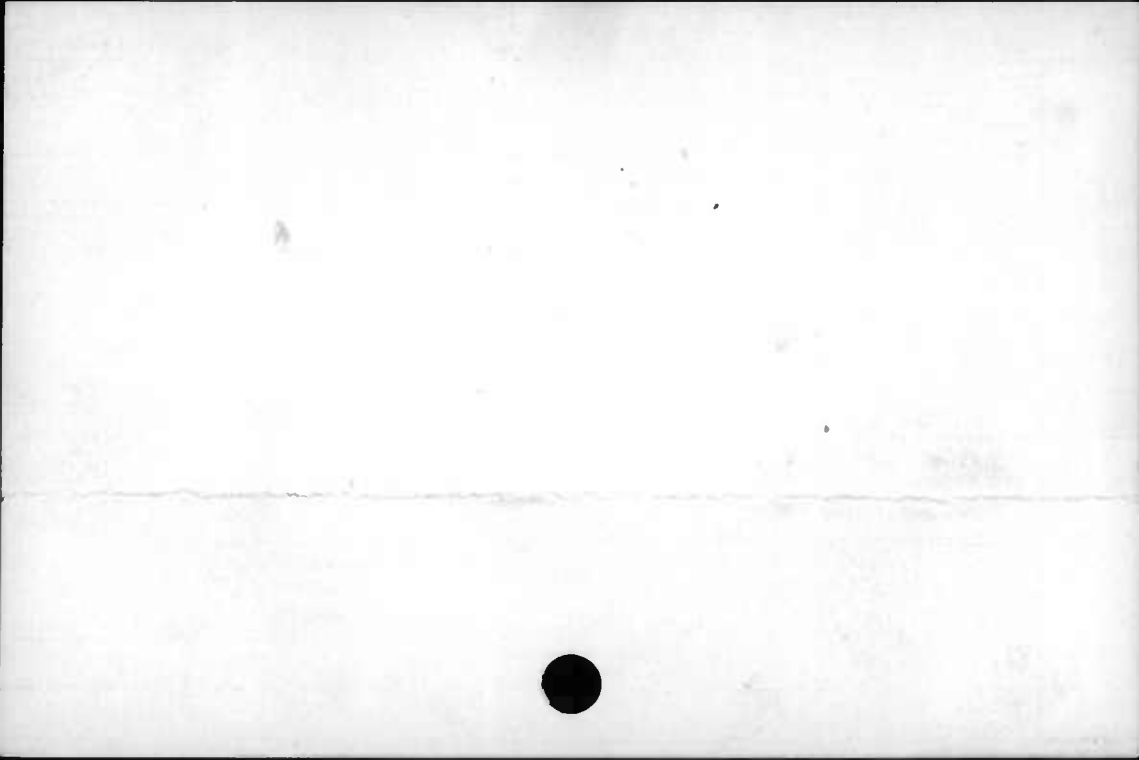
Died at <i>Wolfsville</i> ^{Town}		<i>Hendrick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>8</i>	Age <i>68</i>	Months <i>11</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wolfsville Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Wolfsville Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eva Ann Warren</i>				
Father's Name <i>John Harshman</i>	Father's Birthplace <i>Wolfsville Md</i>		Mother's Birthplace <i>Highland Md</i>		
Mother's Maiden Name <i>Gropnicki</i>	How related to deceased <i>None</i>				
Name of person giving information <i>James A. Grove</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>2 yrs.</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Wheeler M.D.</i>
	Address <i>Brownboro Washington Co.</i>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James W. Hatfield

Died at *Brunswick* Town *Frederick* County

Date of death *1908* Month *May* Day *7* Age *58* Years Months *9* Days *23*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Fireman* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Kate Balis*

Father's Name *Daniel Hatfield* Father's Birthplace *MD*

Mother's Maiden Name *Rachael Cornell* Mother's Birthplace *MD*

Name of person giving information *Kate Balis Hatfield* How related to deceased *wife*

CAUSES OF DEATH

(80)

PHYSICIAN
OR CORONER

Primary *Angina Pectoris* ✓ How long *24 hrs*

Immediate *11* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Levin West*

Address *Brunswick Frederick Co*

Accident or Suicide?



Name
in
Full

Mary Alberta Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

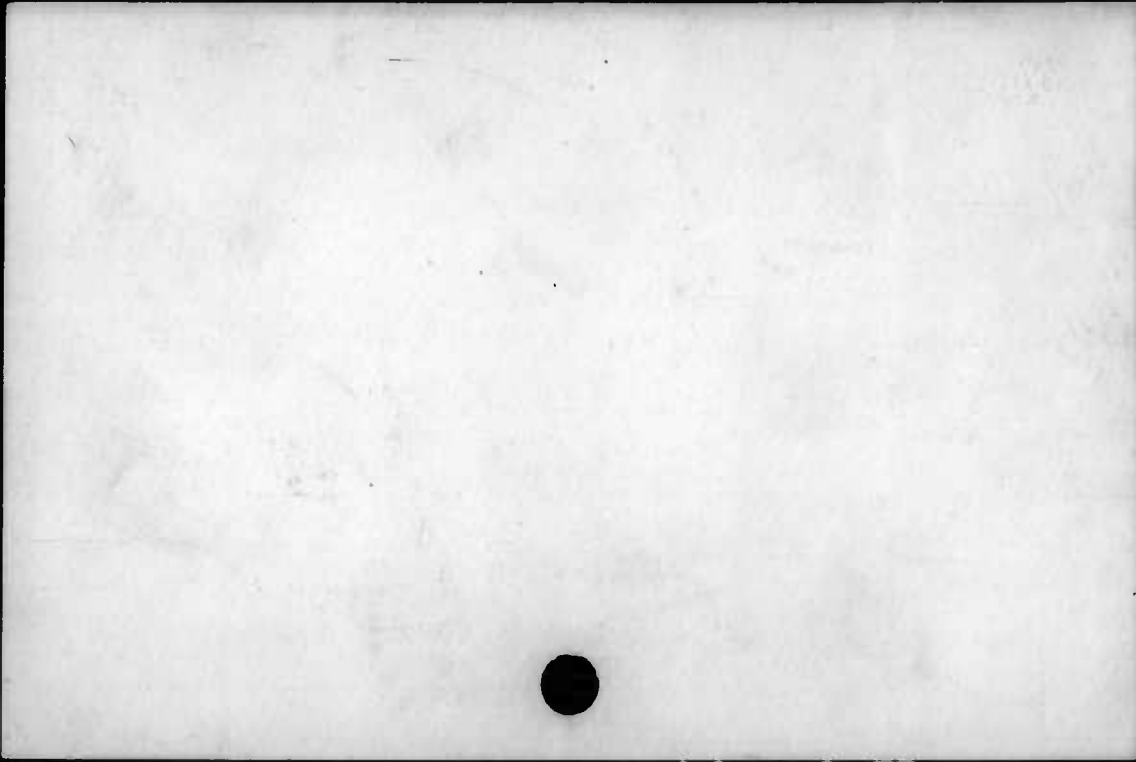
Died at <i>Hopeland</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>22</i>	Age <i>37</i>	Years <i>8</i>	Months <i>24</i>	Days			
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>						
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Clifton Howard</i>						
Father's Name <i>William Gray</i>			Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Emma Malone</i>			Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Viola Howard</i>			How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Several years</i>
Immediate	<i>General Exhaustion</i>	How long	<i>Two Weeks more</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>U. G. Baume</i>	
		Address <i>Frederick, Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

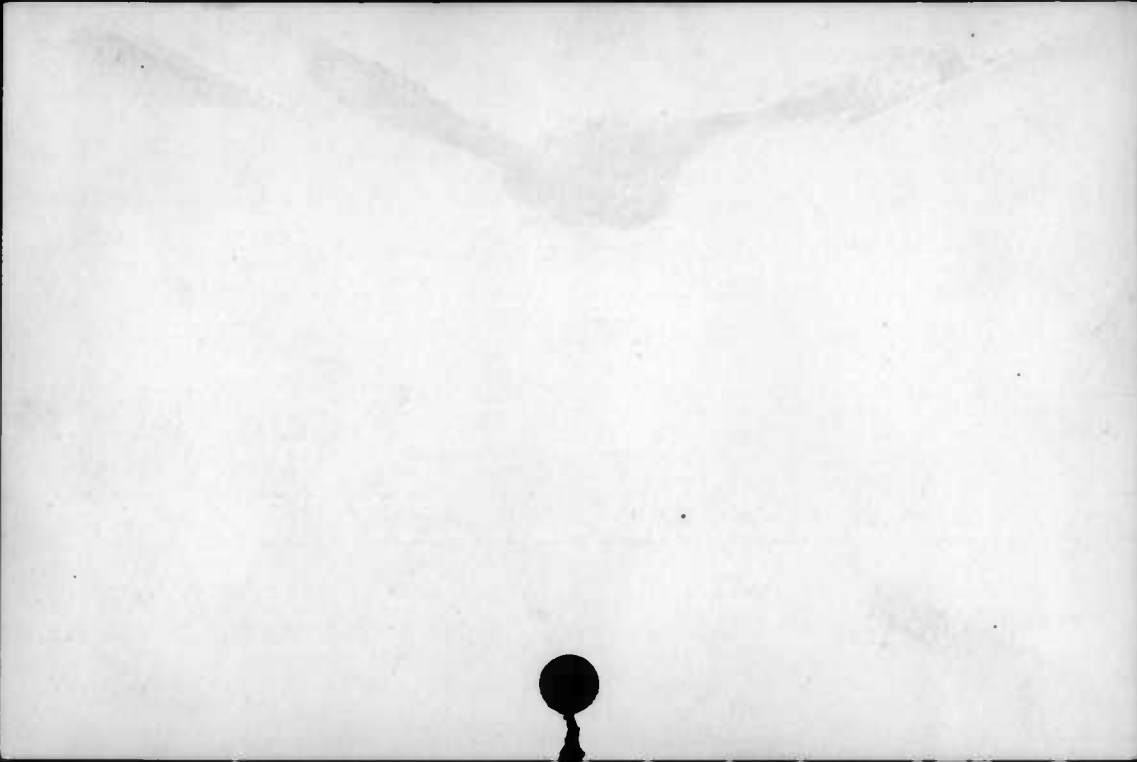
Name in Full <i>Rebecca Elizabeth Leatherman</i>		Town <i>Harmony</i>		County <i>Frederick</i>		MARYLAND	
Died at							
Date of death	1908	Month	May	Day	30	Age	80
						Months	6
						Days	3
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ellertown</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>George C. Leatherman</i>			
Father's Name	<i>Jacob Johnson</i>			Father's Birthplace	<i>Ellertown</i>		
Mother's Maiden Name	<i>Rebecca Bittle</i>			Mother's Birthplace	<i>Ellertown</i>		
Name of person giving information	<i>Joshua Summers</i>			How related to deceased	<i>Son in law.</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Interstitial nephritis</i>	How long	<i>year</i>
Immediate	<i>Uremia (coma)</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>B. H. Hoke, M.D.</i>
		Address	<i>Myersville Md.</i>
Accident or Suicide?			



Name
in
Full

Bessie S. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1908	Month	5	Day	19	Years	20
						Months	2
						Days	26
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick</i>
Occupation	<i>Nursing Employee</i>		Where Residing if not at place of death		<i>Home</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>George S. Miller</i>					Father's Birthplace	<i>Mo</i>
Mother's Maiden Name	<i>Vada V. Routhrauff</i>					Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Mrs. Miller</i>					How related to deceased	<i>Widower</i>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Interstitial Nephritis</i>		How long	<i>9 months</i>
Immediate	<i>Cardiac Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>H. H. - Hedger</i>
			Address	<i>Frederick</i>
Accident or Suicide?		<i>no</i>		

Interment at Mt Olivet

" May 22 — 08

Thomas F. Rice F.D.

Dr Hedges.

Name
in
Full

George David Miller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

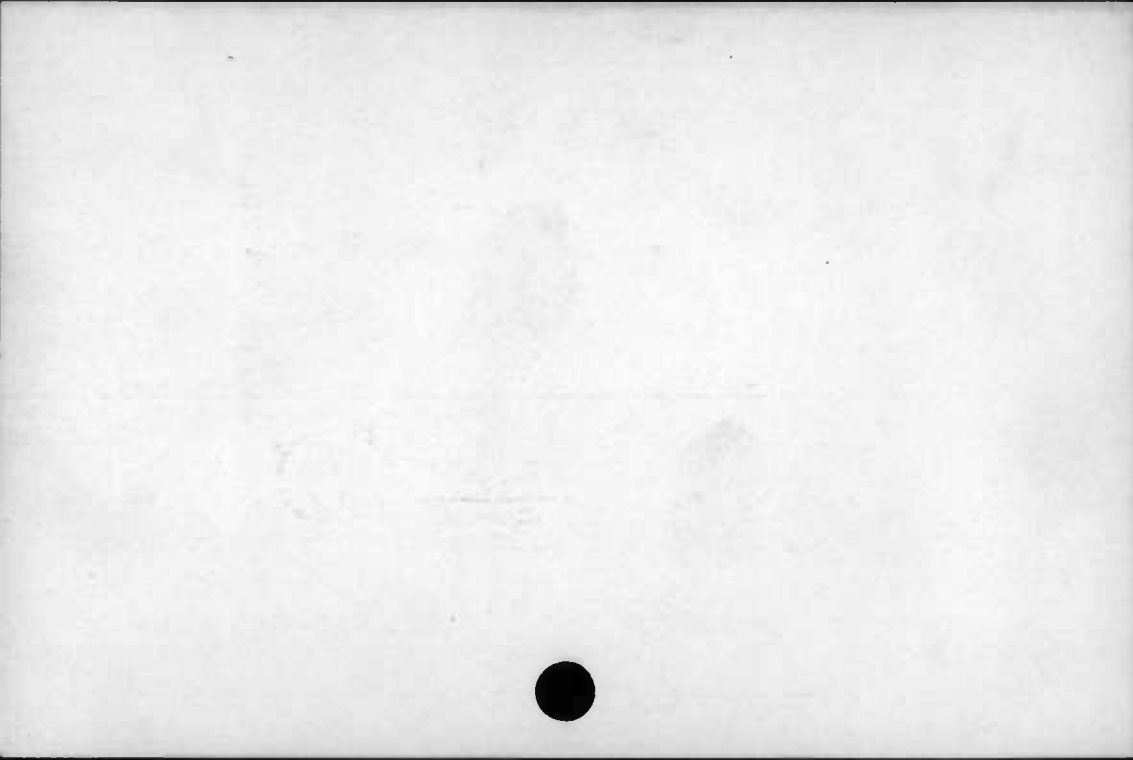
Died <i>near Detour.</i>		Town		but in <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>10</i>		Age <i>65</i>		Months <i>3</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Fredk Co., Md.</i>					
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer.</i>							
Name of Wife or Husband <i>Catharine Lucinda Miller.</i>									
Father's Name <i>Andrew Miller.</i>		Father's Birthplace <i>Frederick Co., Md.</i>							
Mother's Maiden Name <i>Mary Fogle</i>		Mother's Birthplace <i>Frederick Co., Md.</i>							
Name of person giving information <i>Catharine Trechor.</i>		How related to deceased <i>Sister.</i>							

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia.</i>		How long <i>Two weeks.</i>	
Immediate <i>Coma.</i>		How long <i>Three hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John I. Liggett, M.D.</i>	
		Address <i>Ladiesburg.</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mary G. Matter*Died at *Motters* TownCounty *Frederick*

MARYLAND

Date of death *1908* Month *5*Day *24*Age *—* YearsMonths *7* Days *—*Sex *Female*

Color or Race

White

Birth-place

MD

Occupation

Infant

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Elmer Matter

Father's Birthplace

MD

Mother's Maiden Name

Grace Baker

Mother's Birthplace

Pa

Name of person giving information

Elmer Matter

How related to deceased

Father

CAUSES OF DEATH

18

Primary

Erysipelas

How long

14 days

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

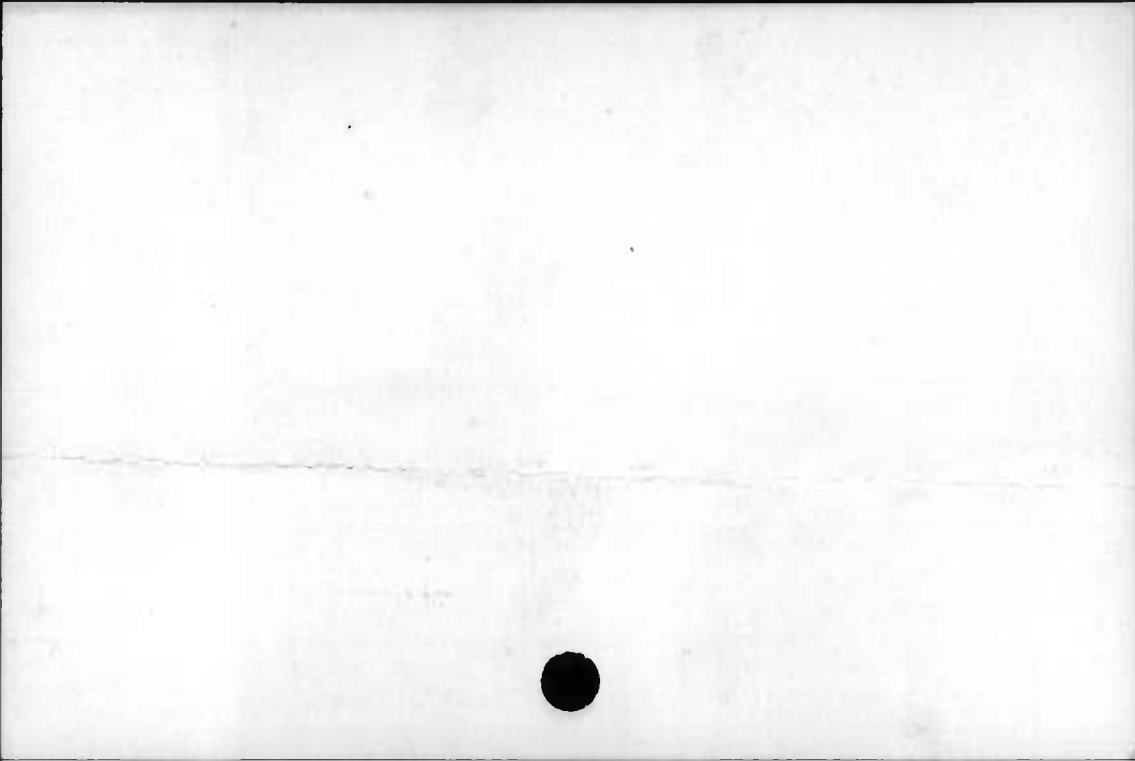
Signature of Physician

Address

*Morris A. Bailey
Thurmont
Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Infant Moxham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>26</i>	Age <i>+</i> Years	Months <i>+</i>	Days <i>+</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>X</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Frank B. Moxham</i>			Father's Birthplace <i>NH</i>		
Mother's Maiden Name <i>Bettie Hall</i>			Mother's Birthplace <i>NH</i>		
Name of person giving information <i>F. B. Moxham</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Premature birth due to strangulation in utero</i>	How long <i>Lived 1 hour</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles F. Groves MD</i>
	Address
Accident or Suicide? <i>X</i>	



Name
in
Full

Aseueath R. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty Town</i> ^{Town}			<i>Frederick</i> ^{County}			MARYLAND			
Date of death <i>1908</i>		<i>May</i> ^{Month}		<i>12</i> ^{Day}		<i>72</i> ^{Years}		<i>6</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Frederick Co</i>			
Occupation <i>Housewife</i>					Where Residing if not at place of death _____				
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>not given</i>						
Father's Name <i>William Wilson</i>						Father's Birthplace <i>Frederick Co</i>			
Mother's Maiden Name <i>Aseueath Spurrier</i>						Mother's Birthplace <i>Frederick Co</i>			
Name of person giving information <i>John Wilson</i>						How related to deceased <i>Brother</i>			

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Perity phlebotis</i>	How long <i>3 days</i>
Immediate <i>Shock</i>	How long <i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. B. H. H. H.</i>
	Address <i>Liberty Town Md</i>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

Mary Rebecca Posey
 Town *Fredericks* County *Fredericks*

MARYLAND

Died at *Fredericks*Date
of death *1908*Month
*5*Day
16

Age

Years
*16*Months
*5*Days
*18*Sex *Female*Color or
Race*Colored*Birth-
place*Fredericks Co.*

Occupation

*Maid*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Henson Posey*Father's
Birthplace*Montg Co Md*Mother's
Maiden Name*Ellen Harper*Mother's
Birthplace*" " "*Name of person giving
In formation*Mrs Posey*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Chronic Parenchymatous Nephritis

How long

Several Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

W. G. Boone M.D.
Fredericks, Md.

Accident or Suicide?

*---*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at St. Joseph. Cemetery
(Buckeystown)

" May 18— 08

Thomas P. Rice F.D.

Dr Bourne

Dr McCurdy

Name
in
Full

Infant Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Frederick* TownCounty *Frederick*

MARYLAND

Date of death *1908* Month *May*Day *6*

Age

Years *—*Months *—*Days *0*Sex *Female*Color or
Race*Caucoid*Birth-
place*MD*

Occupation

*X*Where Residing if not
at place of death*Y*Married, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*Wm. Thomas Purcell*Father's
Birthplace*va*Mother's
Maiden Name*Eloisabeth Thomas*Mother's
Birthplace*va*Name of person giving
In formation*Fizzie Sparks*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Premature Birth (4 mos)

How long

—

Immediate

—

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes -*Signature of
Physician*Dr. M. C. Cundy, M.D.*

Address

Frederick~~Accident~~ ~~suicide~~?PHYSICIAN
OR CORONER



Name in Full		Vernon M. Rhoads				CERTIFICATE OF DEATH	
		Town Fredericks		County Fredericks		MARYLAND	
Died at		Date of death 1908		Month 5		Day 6	
		Age		Years		Months	
		Sex Male		Color or Race White		Birth- place City	
		Occupation		Where Residing if not at place of death		Same	
		Married, Single or Widowed Single		Name of Wife or Husband			
		Father's Name Vernon M. Rhoads		Father's Birthplace Fr. Co Md.			
		Mother's Maiden Name Grace Saylor		Mother's Birthplace " " "			
		Name of person giving Information Mr Rhoads		How related to deceased Father			
		CAUSES OF DEATH		79			
		Primary Cardiac Asthenia		How long 2 days			
		Immediate Cardiac failure		How long			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. O. Neednix, M.D.			
				Address Frederick, Md.			
		Accident or Suicide?					

Interment at Mt Olivet
" May 7 - 08

Thomas P. Rice F.D.

Dr Hendrix

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

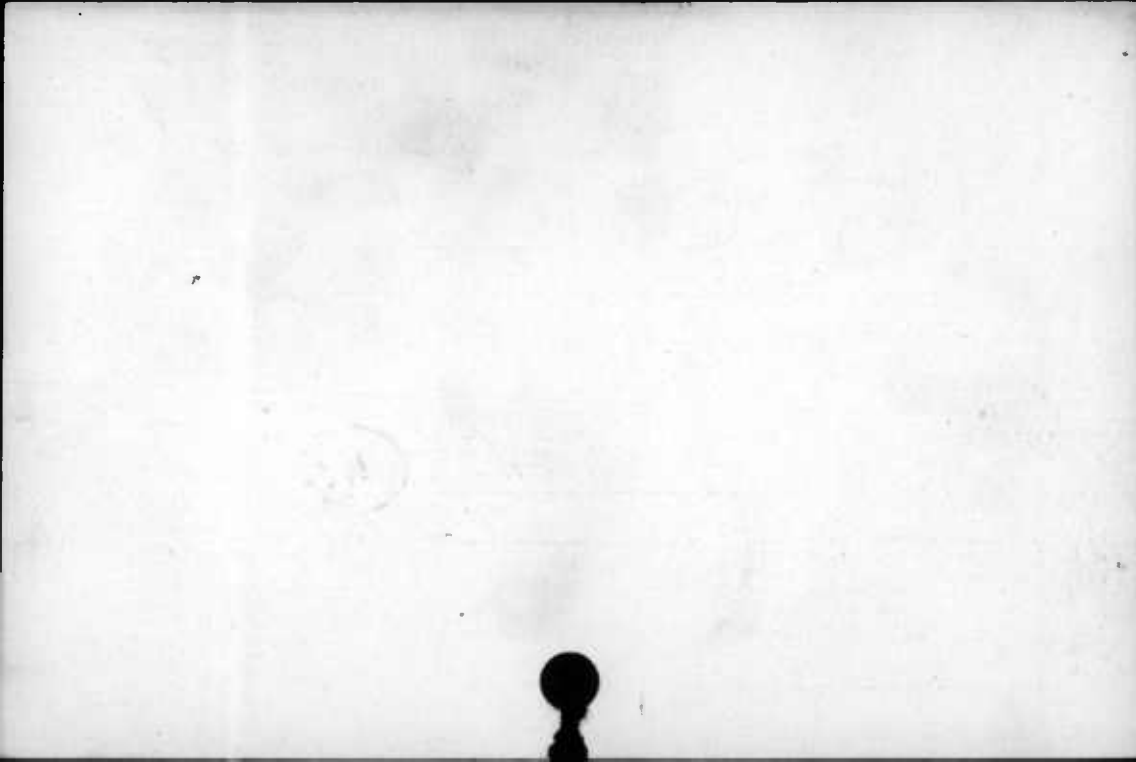
Name in Full <i>Ann Sophias Rice</i>		Town <i>Lewiston</i>		County <i>Frank</i>		State <i>MARYLAND</i>	
Died at <i>Lewiston</i>		Date of death <i>1908 May 19</i>		Age <i>74</i>		Months <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Adam Rice</i>					
Father's Name <i>Frank Lightner</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Unc</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>x</i>		How related to deceased <i>✓</i>					

CAUSES OF DEATH

45

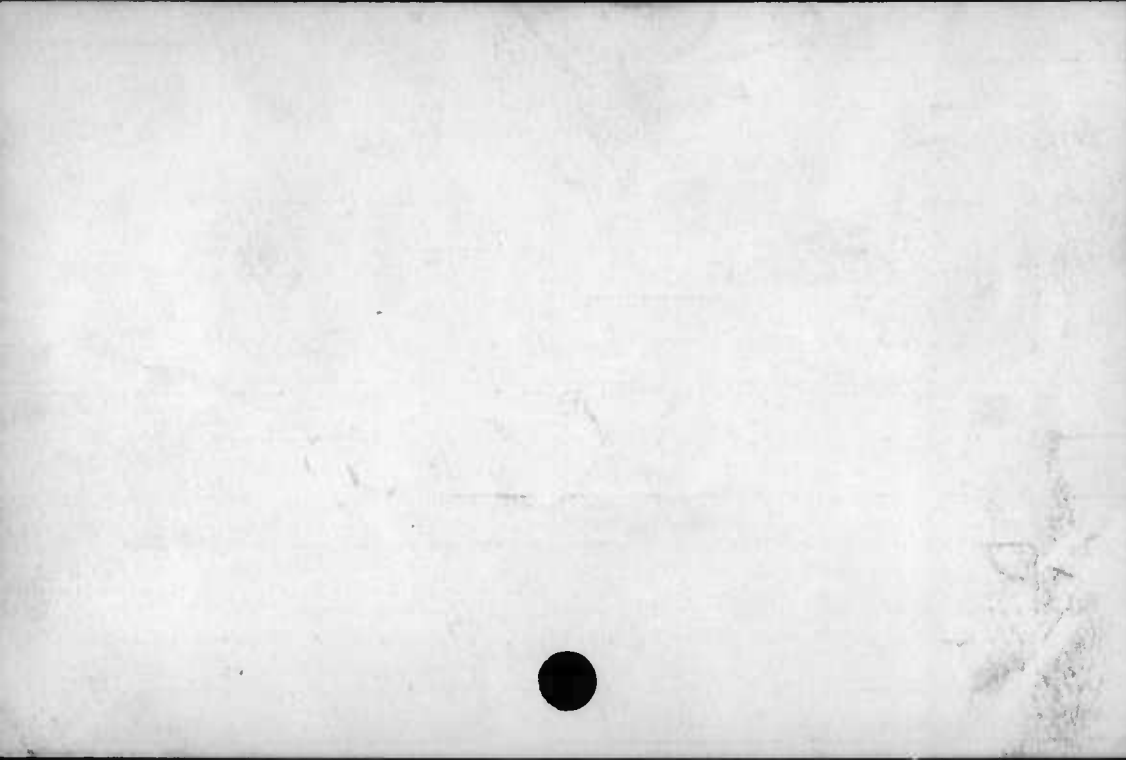
PHYSICIAN
OR CORONER

Primary	<i>Cancer of face</i>	How long <i>Two years</i>
Immediate	<i>Cancer of face</i>	How long <i>Two years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. D. Nightman</i>
		Address <i>Lewiston Md</i>
Accident or Suicide?		



Name in Full <i>William S. Riffe</i>		CERTIFICATE OF DEATH			
Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Died at	Month <i>May</i>		Day <i>26</i>	Years <i>19</i>	Months <i>3</i> Days <i>16</i>
Date of death <i>1908</i>			Age		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Shenandoah Co., Va.</i>		
Occupation <i>Brakeman - B + O RR</i>	Where Residing if not at place of death <i>St. Luke's, Shenandoah Co., Va.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>A. J. Riffe</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Isabelle S. Day</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>E. F. Riffe</i>	How related to deceased <i>Brother</i>				
CAUSES OF DEATH ①					
Primary <i>Endo- & Pericarditis</i>	<i>Sequel of typhoid.</i>		How long <i>10 days</i>		
Immediate <i>Collapsus</i>	<i>See margin of card.</i>		How long <i>1 day</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. W. R. Crum, M.D.</i>			
		Address <i>Brunswick, Md.</i>			
Accident or Suicide?					

This man received from Florida & wants to be answered by letter due to his friends NEAREST FRIEND
 This man received from Florida & wants to be answered by letter due to his friends NEAREST FRIEND
 This man received from Florida & wants to be answered by letter due to his friends NEAREST FRIEND



Name
in
Full

Helen Sanbower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Licksburg</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>May</u> ^{Month}	<u>12</u> ^{Day}	<u>2</u> ^{Years}	<u>2</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>md</u>
Occupation	—			Where Residing if not at place of death	<u>Same</u>
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Cecil Sanbower</u>			Father's Birthplace	<u>Ma</u>
Mother's Maiden Name	<u>Lucinda White</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>Ed. Adams</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<u>Pertussis</u>	How long	<u>5 wks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>T. Clyde Roulson</u>
		Address	<u>Bethesda, Md.</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Tyler</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>5</i>		Day <i>4</i>		Years <i>37</i>	
Date of death <i>1908</i>		Month <i>5</i>		Day <i>4</i>		Years <i>37</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>		Days <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Nathaniel Tyler</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>William Bowie</i>		Mother's Maiden Name <i>Lettie Smith</i>		How related to deceased <i>Son</i>			
Name of person giving information <i>Edgar Tyler</i>							

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>about 10 or 2 yrs</i>
Immediate <i>General Exhaustion</i>	How long <i>10 or 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. G. Doernbe.</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>—</i>	

Interment at Greenmount
" May 6 -

Thomas P. Rice, F&D,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Arlew May Jauforesen</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Fredrick</i>		Date of death <i>1908 May 2</i>		Age <i>61</i>		Months <i>17</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Batsville</i>			
Occupation <i>X</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>W. Scott Jauforesen</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary C. Reu</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>W. Scott Jauforesen</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Memingitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. Cuddy</i>
	Address <i>[Redacted]</i>
Accident or Suicide?	

(21)

Name
in
Full

Erlene Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rampton</i>		Town <i>Rampton</i>		County <i>Frederick</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>May</i>	Day <i>17</i>	Age <i>76</i>	Years <i>5</i>	Months <i>29</i>	Days <i>29</i>
Sex <i>Female</i>		Color or Race <i>White am</i>		Birth-place <i>near Hyattsville Md</i>			
Occupation <i>Wife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James H. Williams</i>					
Father's Name <i>Samuel Williams</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Katherine Sims</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>S. Campbell Sims</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Frost M.D.</i>
	Address <i>Rampton Md</i>
Accident or Suicide? <i>—</i>	

